

ABN 84000053921

## NEW CREDIT ACCOUNT APPLICATION FORM

<b>Full Name Of Applicant:</b>	Click here to enter text.	<b>Applicant A.B.N:</b>	
Applicant Trading Name:		Date Commenced:	
Email address:		Nature of Business:	
Internet address:		Phone:	Fax:
Postal Address:			
Delivery address 1:			
Delivery address 2:			

KEY PERSONNEL			
<b>General Manager:</b>		Phone:	
Email Address:		Fax:	
<b>Purchasing Manager:</b>		Phone:	
Email Address:		Fax:	

FOR PTY LTD OR LTD COMPANY ONLY					
Address of Registered Office:					
Authorised Capital:		Paid Up Capital:			
Is a Trust Involved:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are the premises;	Owned <input type="checkbox"/>	Leased <input type="checkbox"/>
Is the Applicant a Subsidiary/Associate of another company?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, name of Company:					

FULL DETAILS OF DIRECTORS/PARTNERSHIP/SOLE TRADER			
<b>Name:</b>		Email:	
Address:		Phone:	
<b>Name:</b>		Email:	
Address:		Phone:	
<b>Name:</b>		Email:	
Address:		Phone:	
<b>Name:</b>		Email:	
Address:		Phone:	

TRADE REFERENCE AUTHORISATIONS GRANTED (please provide 4 Trade References)			
1	<b>Name and Suburb:</b>		Phone:
	Email Address:		Fax:
2	<b>Name and Suburb:</b>		Phone:
	Email Address:		Fax:
3	<b>Name and Suburb:</b>		Phone:
	Email Address:		Fax:
4	<b>Name and Suburb:</b>		Phone:
	Email Address:		Fax:

<b>DELIVERY/FREIGHT</b>		Use Ours <input type="checkbox"/>	or	Yours <input type="checkbox"/>
<i>Email Address For Our Despatch Advice :</i>				
<i>Your Freight Company Details:</i>				
Company Name:		Account No:		

<b>ACCOUNTS PAYABLE CONTACT</b>			
Accounts Payable:		Phone:	
Email Address:		Fax:	
Statement Delivery:	Method via - Post <input type="checkbox"/> / Email <input type="checkbox"/>	Email:	

<b>BANKING DETAILS</b>			
Name of Bank:		Branch:	
Address:		BSB No:	
Contact:		Account No:	
Phone:		Fax:	

**GENERAL CREDIT TERM & CONDITIONS OF SALE** – are attached on page three (3) of this application and also available at [http://master-instruments.com.au/page/terms\\_conditions.html](http://master-instruments.com.au/page/terms_conditions.html)

I/We agree to be bound by the General Credit Terms set out overleaf and warrant that the information given by me/us in this application is true accurate. I also confirm I am able to act in the capacity for the said company and sign this form for the credit account request.

<b>Name &amp; Position:</b>		<b>Witness Name:</b>	
<b>Signature:</b>		<b>Witness Signature:</b>	
<i>(signed for and on behalf of the customer)</i>		<b>Date:</b>	

<b>Name of your contact at Master Instruments Pty Ltd (If Known)</b>	
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**N.B: INITIAL ORDER MINIMUM IS \$200.00 AND THEREAFTER MINIMUM ORDER VALUE IS AU\$50.00 BEFORE GST, DELIVERY AND FREIGHT.**

Please return via emailing this form back to [accounts@master-instruments.com.au](mailto:accounts@master-instruments.com.au) or via fax to +61 2 9519 4604

OFFICE USE ONLY		DATE
Internal Reference Contact		
Reference Checked		
Approved		
Credit Amount		
Trading Terms		
Sales Advised		
Customer Advised (L)		
Customer Advised (P)		

**Sydney**

13 Sheridan Close  
Milperra NSW 2214 AUSTRALIA  
Locked Bag 277 Milperra  
NSW 2214 AUSTRALIA  
Phone: +61 2 9519 1200  
Fax: +61 2 9519 4604

**Melbourne**

Unit 13, 107-113 Heatherdale Road  
Ringwood VIC 3134 AUSTRALIA  
Phone: +61 3 9872 6422  
Fax: +61 3 9872 6466

**Gold Coast**

P O Box 6316  
Yatala QLD 4207  
AUSTRALIA  
Phone/  
Fax: +61 7 5546 1676

**Perth**

59 Innovation Circuit  
Wangara WA 6065 AUSTRALIA  
Phone: +61 8 6302 5444  
Fax: +61 8 9302 5470



meaning of the Trade Practices Act or any other law of the Commonwealth, or, of any State or Territory; provided that where the purchaser is a consumer within the meaning of the said Act and the Goods are not of a kind ordinarily acquired for personal, domestic or household use or consumption, then Seller's liability for a breach of condition or warranty implied by the said Act (other than a condition or warranty implied by section 69) shall be limited to the repair of the Goods, or, at Seller's option, the replacement of the Goods or the supply of equivalent Goods.

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59 Innovation Circuit  
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Phone: +61 8 6302 5444  
Fax: +61 8 9302 5470